•	•			•	Application of Docket Number								
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS 41							RAT	E	FEE		RATE	FEE	
FOF	₹		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOT	TAL CHARGEA	BLE CLAIMS	// minus 20=		. 21		X\$	9=		OR	X\$18=	378	
INDEPENDENT CLAIMS 2/ minus 3 = 1							X4:	<u></u>		OR	X84=	8Y	
MULTIPLE DEPENDENT CLAIM PRESENT								O=		OR	+280=		1.
* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL											202		
)/2/// CLAIMS AS AMENDED - PART II OTHER T													
<u> </u>	aylo	(Calumn 1)			mn 2)	(Column 3)	SM	ш	ENTITY	OR	SMALL		•
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	EST IBER OUSLY FOR	PRESENT EXTRA	. RA	re	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	. 38	Minus	-	7/	-	X\$	9 -		OR	X\$18=	,	•
MEN	Independent	. 2	Minus	enten "	4	•	X4	2= -		OR	X84=	•	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	TCLAIM		+14	0=.		OR	+280=		
) ALC	 	OR	TOTAL ADDIT, FEE		1				
		Makama 41		(Calu	ımın 2)	(Column 3)	ADDIT	FEE	·		ADDII. PEE		1
	.,	(Column 1) CLAIMS		HIG	HEST				ADDI-	1		ADDI-	1
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER NOUSLY D FOR	PRESENT EXTRA	RA	TE	TIONAL FEE		RATE	TIONAL FEE	
1DME	Total	.45	Minus	• 4	11	- 4	XS	9=		OR	X\$18=	200) ()
ME	Independent	• 3	Minus	***	4	. —	X4	2=		OR	X84=.	•	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=		OR	+280=		
10/21											1		
	ADDIT, FEE ADDIT, FEE											1	
_		(Column 1)	_		ımn 2) HEST	(Column 3)	l		4001	1		ADDI-	4
AMENDMENT C		REMAINING AFTER AMENDMENT		NUI PREV	MBER MOUSLY D FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	TIONAL	1
	Total	•	Minus	••		=	XS	9=		OR	X\$18=		
	Independent	٠	Minus	54A		•	X4	2=		OR	XB4=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_		1			1
+140= OR +280= • If the entry in column 1 is less than the entry in column 2, write "o" in column 3.										<u> </u>	4		
-	If the "Hickort Nu	mber Previously I	Paid For IN TH	IS SPACE	E is leas th	en 20, enter 220	ADDIT	OTAL FEE		OR	ADDIT. FEE		4
The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE													

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Confirmation No.: 4414

Plourde, et al.

Group Art Unit: 2616

Serial No.: 10/073,689

Examiner: Vent, Jamie J.

Filed: February 11, 2002

Docket No. A-7420 (191920-1190)

For: MANAGEMENT OF TELEVISION PRESENTATION RECORDINGS

RESPONSE TO NON-FINAL OFFICE ACTION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

This document is being filed in response to the non-final Office Action mailed on October 3, 2005 (Paper No./Date 092805). Reconsideration of the current application and pending claims is respectfully requested at this time.

AUTHORIZATION TO DEBIT ACCOUNT

It is not believed that extensions of time or fees for net addition of claims are required, beyond those that may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to Deposit Account No. 20-0778.

AG 00.00S

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JAN 0 F 2006 AMENI	OMENT TRANSM	Docket No. A-7420 (191920-1190)								
, •			miner Cor Jamie J.	nfirmation No.	Group Art Unit 2616					
Invention: MANAGEMENT OF TELEVISION PRESENTATION RECORDINGS										
Commissioner for Patents Mail Stop Amendment P.O. Box 1450 Alexandria VA 22313-1450 Transmitted herewith is Response to Non-Final Office Action in the above-identified application. The fee has been calculated and is transmitted as shown below										
CLAIMS AS AMENDED										
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	· RATE	ADDITIONAL FEE					
TOTAL CLAIMS	45 -	41 =	4	X \$50.00	\$0					
INDEP. CLAIMS	3 -	4 =	0	X \$200.00						
Multiple Dependent Claims (check if applicable) \$360.00										
EXTENSION FEE	1 ^{SI} MONTH	2 ND MONTH	3 ^{RU} MONTH	4 th MONTH	\$0					
Other Fees:	\$120.00	\$450.00	\$1,020.00	\$1,590.00						
Outer rees.		TOTAL ADD	DITIONAL FEE FOR T	THIS AMENIDMENT	\$0 \$0					
No additional fee is required. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. A duplicate copy of this page is enclosed. A Credit Card Payment Form PTO-2038 is attached in the amount of \$ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.										
Jeffrey R. H	(unester, Reg. No.)	34,367		Date						